

Financial Disclosure Statement

To evaluate a hardship claim or to establish a repayment agreement amount, the Department compares the expenses you claim and support against averages spent for those expenses by families of the same size and income as yours. The Department considers proven expenses as reasonable up to the amount of these averages. If you claim more for an expense than the average spent by families like yours, you must provide persuasive explanation why the amount you claim is necessary. These average amounts were determined by the IRS from different government studies. You can find the average expense amount that the Department uses at this IRS website:

<http://www.irs.gov/businesses/small/article/0,,id=104627,00.html>.

Provide complete information about your family income, expenses, and assets.

- **Complete all items.** Do not leave any item blank. If the answer is zero, write zero.
- **Provide documentation.** Expenses may not be considered if you do not provide documents supporting the amounts claimed.
- **Provide documentation of all sources of income.** You must submit two (2) **most** recent pay stubs for yourself, spouse, and all sources of income in your household. You may submit last years W-2s and 1040 Income Tax Filing as proof of household income. Failure to provide this information may result in a denial of your claim of extreme financial hardship.

Income

Name: _____ Social Security No.: _____

Address: _____

_____ Phone: _____
County: _____

Current Employer: _____ Date Employed: _____
Employer Phone: _____ Present Position: _____

Gross Income: \$ _____ ☐ Weekly ☐ Bi-Weekly ☐ Bi-Monthly ☐ Monthly

Net Income: \$ _____ ☐ Weekly ☐ Bi-Weekly ☐ Bi-Monthly ☐ Monthly

ENCLOSE A COPY OF YOUR TWO MOST RECENT PAY STUBS

ENCLOSE LAST YEARS W-2s AND 1040 INCOME TAX FILING

Number of dependents: _____ (including yourself) Marital status: ☐ Married ☐ Single ☐ Divorced

Spouse name: _____ Spouse SSN: _____

Gross Income: \$ _____ ☐ Weekly ☐ Bi-Weekly ☐ Bi-Monthly ☐ Monthly

Net Income: \$ _____ ☐ Weekly ☐ Bi-Weekly ☐ Bi-Monthly ☐ Monthly

ENCLOSE A COPY OF THE TWO MOST RECENT PAY STUBS

ENCLOSE LAST YEARS W-2s AND 1040 INCOME TAX FILING

Other contributing resident(s): _____ SSN: _____

Gross Income: \$ _____ ☐ Weekly ☐ Bi-Weekly ☐ Bi-Monthly ☐ Monthly

Net Income: \$ _____ ☐ Weekly ☐ Bi-Weekly ☐ Bi-Monthly ☐ Monthly

ENCLOSE A COPY OF THE TWO MOST RECENT PAY STUBS

ENCLOSE LAST YEARS W-2s AND 1040 INCOME TAX FILING

Other Income

Child support: \$ _____ ☐ Weekly ☐ Bi-Weekly ☐ Bi-Monthly ☐ Monthly

Alimony: \$ _____ ☐ Weekly ☐ Bi-Weekly ☐ Bi-Monthly ☐ Monthly

Interest: \$ _____ ☐ Weekly ☐ Bi-Weekly ☐ Bi-Monthly ☐ Monthly

Public assistance: \$ _____ ☐ Weekly ☐ Bi-Weekly ☐ Bi-Monthly ☐ Monthly

Other: \$ _____ Describe: _____

Please State and Explain Amounts Deducted from your pay stub

Life insurance: \$ _____

Medical & Dental Insurance: \$ _____

Retirement: \$ _____

401K: \$ _____

Garnishment: \$ _____

Child Support: \$ _____

Other (explain): \$ _____

Monthly Expenses

Shelter (SEND COPY OF MORTGAGE OR LEASE, INSURANCE, MAINTENANCE PAYMENTS)

Rent/Mortgage: \$ _____ Paid to whom: _____

2nd home mortgage: \$ _____ Paid to whom: _____

Home insurance: \$ _____ Paid to whom: _____

Maintenance: \$ _____ Paid to whom: _____

Other: \$ _____ Describe: _____

Household Expenses

Food Expenses: \$ _____ (Monthly)

Housekeeping Supplies: \$ _____ (Monthly)

Clothing & Cleaning: \$ _____ (Monthly)

Personal Care Services and Expenses: \$ _____ (Monthly)

Utilities (SEND COPIES OF BILLS)

Electric: \$ _____ Gas: \$ _____

Water/Sewer: \$ _____ Garbage pickup: \$ _____

Basic telephone: \$ _____ Other: \$ _____

Describe: _____

Medical (SEND COPIES OF BILLS)

Insurance Premiums: \$ _____ /per month (*only list premiums **not** deducted from paycheck*)

Bill payments: \$ _____ /per month (*only list payments **not** covered by insurance*)

Other: \$ _____ /per month Describe: _____

Transportation (SEND COPIES OF CAR PAYMENT AGREEMENT OR BILLS)

Number of Cars: _____

1 st Car payment:	\$ _____/per month	2 nd Car payment:	\$ _____/per month
Gas and oil:	\$ _____/per month	Public transportation:	\$ _____/per month
Car insurance:	\$ _____/per month	Parking:	\$ _____/per month
Maintenance:	\$ _____/per month	Registration:	\$ _____/per year
Other:	\$ _____	Describe:	_____

Child Care (SEND COPIES OF BILLS, COURT ORDERS, CONTRACTS, AND A COMPLETED DECLARATION OF CAREGIVER SERVICES [SEE NEXT PAGE])

Child care:	\$ _____/per month	Number of children:	_____
Child support:	\$ _____/per month	Number of children:	_____
Other:	\$ _____/per month	Describe:	_____

Other Expenses (Attach a list describing expense, monthly payment and enclose bills)

Other Insurance: \$ _____/per month

Describe: _____

Based on this Statement, I think I can afford to pay \$ _____ per month.

I declare under penalties provided by 18 U.S.C. Section 1001 that the answers and statements contained herein are to the best of my knowledge and belief true, correct, and complete.

Signature _____ Date _____

Warning: 18 U.S.C. 1001 provides that “whoever...knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device a material fact, or makes any materially false, fictitious, or fraudulent statement or representation...shall be fined up to \$10,000.00 or imprisoned up to five years, or both.”

Complete, sign, and return the requested information to:

U.S. Department of Education
Attn: FSO Unit
P.O. Box 617548
Chicago, IL 60661-7548

Privacy Act Notice

This request is authorized under 5 U.S.C. 5114, 31 U.S.C. 3711, 20 U.S.C. 1078-6, and 20 U.S.C. 1095a. You are not required to provide this information. If you do not, we cannot determine your financial ability to repay your student aid debt. The information you provide will be used to evaluate your ability to pay. It may be disclosed to government agencies and their contractors, to employees, lenders, and others to enforce this debt; to third parties in audit, research, or dispute about the management of this debt; and to parties with a right to this information under the Freedom of Information Act or other federal law, or with your consent. These uses are explained in the Federal Register of June 4, 1999, Vol. 64, p. 30166, revised Dec. 27, 1999, Vol. 64, p. 72407. We will send a copy at your request.

This is an attempt to collect a debt and any information obtained will be used for that purpose.

Declaration of Caregiver Services

Taxpayer ID / SSN: _____

Caregiver Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Telephone Number with Area Code: _____

Customer's Name: _____

Pays \$_____ dollars per Week/Month (circle whichever is appropriate) for the care of the following individual(s):

Name of Child	Age of Child	Amount Charged Per Week/Month

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I state under penalty of law that the answers and statements contained herein are, to the best of my knowledge, true, correct and complete.

Caregiver
Signature _____ Date _____